MONTANA

STATE PLAN

MENTAL RETARDATION FACILITIES CONSTRUCTION

1965 - 1966

DIVISION OF HOSPITAL FACILITIES
MONTANA STATE BOARD OF HEALTH
HELENA MONTANA

SUPPLEMENT TO 1965-1966 MONTANA STATE PLAN FOR MENTAL RETARDATION FACILITIES CONSTRUCTION

The following are amendments to the 1965-1966 Montana State Plan for Mental Retardation Facilities Construction:

1. Amend "Item 3. Educational," First paragraph, Line 3, Page 30 to read:

   "pre-school children, for school-age children unable to participate in public schools and for the mentally retarded - - - -."

2. Amend "Maintenance of Fiscal and Accounting Records," Page 48, by adding the following:

   "5. The State Board of Health will make such reports in such form and containing such information as the Secretary may from time to time reasonably require."

MONTANA STATE PLAN

MENTAL RETARDATION FACILITIES

CONSTRUCTION

1965 - 1966

Division of Hospital Facilities
Montana State Board of Health

Montana State Plan
for
Mental Retardation Facilities Construction

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FOREWORD

The 88th Congress in 1963, enacted the Mental Retardation Facilities Construction Act (Public Law 88-164) in recognition of the nation's inadequate facilities for care, treatment, and prevention of the mentally retarded. Regulations for grants to states for construction provide for an inventory of existing facilities and services and for the preparation of an overall building plan based on an order of relative need within the State and the regional areas of the State.

The Montana State Board of Health has been designated by Governor Tim Babcock as the Agency within the State of Montana to implement the various provisions of this legislation. The major functions of the Agency under this legislation include the development of a State Plan for the construction of facilities for the mentally retarded and the subsequent allocation of funds as matching grants on a formula basis and in accord with priorities established in the State Plan.

Information for this State Plan has been obtained in cooperation with the Montana Association for Retarded Children and Adults, Department of Public Instruction, Department of Welfare, Department of Public Institutions, Montana Mental Health Planning, Montana Medical Association, Division of Vocational Rehabilitation, Unemployment Compensation Commission and others. There has been close coordination in the development of this plan with the Mental Retardation Planning Program of the State Board of Health, which supplied the information and data for completion of the various tables contained in this plan. At best, the information is fragmentary, but it is vital that a plan be developed so as to make construction funds under P. L. 88-164 available to the State of Montana. Since the State Plan is a document which is revised annually, it is hoped that the material printed herein will stir the imaginations of those most intimately concerned in such a manner as to enable a refinement of the subsequent plans.

Annual allotments of Federal funds, in the amount of $100,000, have been made available to Montana for the construction of facilities for the mentally retarded for each of the Fiscal Years of 1965 and 1966. These funds may be utilized for construction projects following the approval of this plan by the Surgeon General of the U. S. Public Health Service.

HOSPITAL, MEDICAL AND RELATED FACILITIES

ADVISORY COUNCIL

Name and Address	Occupation or Profession	Representation
Government		
John S. Anderson, M.D.,M.P.H. 3/ 4/ 2216 East 6th Avenue Helena, Montana	Chairman, Ex Officio Executive Officer, State Board of Health	State Board of Health
W. J. Fouse 3/ 6/ 541 East 6th Avenue Helena, Montana	Director, State Dept. of Public Welfare Ex Officio	Dept. of Public Welfare
Floyd A. Green 3/ 5/ 525 Hayes Street Helena, Montana	Director, Dept. of Public Institutions	State Institutions
Non-Government		
V. R. Powers 3/ 4/ 1211 Rose Brier Missoula, Montana	Administrator Missoula Community Hospital	Montana Hospital Association
David Gregory, M. D. 2/ 4/ 601 2nd Avenue North Glasgow, Montana	Physician	Montana Medical Association
M. E. Donovan 3/ 4/ 804 Gilbert Street Helena, Montana	Executive Director Montana Physicians' Service	Blue Shield
Leonard Kuffell, M. D. 2/ 5/ 2204 39th Street Missoula, Montana	Anesthesiologist	Montana Medical Association
Thomas McMaster 1/ 5/ 1109 Livingston Avenue Helena, Montana	Dairy Technologist	Montana Assoc. for Retarded Children
Bryce Hughett, M. D. 3/ 6/ 1117 Avenue F Billings, Montana	Psychiatrist	Montana Medical Association
Consumers		
Mrs. Helen Johnson 2/ 4/ 619 South Willson Avenue Bozeman, Montana	Real Estate Insurance	
Mrs. Steve Birch 1/ 4/ 2625 4th Avenue South Great Falls, Montana	Housewife	

Name and Address	Occupation or Profession	Representation
Consumers Contd.		
Hubert White 2/ 4/ 129 South Pine Townsend, Montana	Businessman	
F. B. Welsh 2/ 4/ 9 North 24th Billings, Montana	Insurance	
Miss Liz Havnen 1/ 4/ 3415 2nd Avenue South Great Falls, Montana	Nursing Supervisor City-County Health Department	
W. Boyce Clarke 1/ 5/ 1705 Stower Miles City, Montana	Insurance	
A. W. Scribner 1/ 5/ 426 Monroe Helena, Montana	Attorney	
Ervin S. Thoreson 1/ 5/ 302 36 Street South Great Falls, Montana	Pharmacist	
Mrs. Thomas Payne 2/ 6/ 3102 Lester Missoula, Montana	Housewife (B. Sc., Nursing)	
Consultant		
Jack C. Carver 7/ 1209 11th Avenue Helena, Montana	Director, Division of Vocational Rehabilitation State Board of Education	Vocational Rehabilitation

1/ Term of Office: January 1, 1966 to January 1, 1967.
2/ Term of Office: January 1, 1966 to January 1, 1968.
3/ Term of Office: January 1, 1966 to January 1, 1969.
4/ Appointed under P. L. 88-443, Hill-Harris
5/ Appointed under P. L. 88-164, Title I, Part C (Construction of Facilities for the Mentally Retarded.)
6/ Appointed under P. L. 88-164, Title II (Construction of Community Mental Health Centers.)
7/ Public Law 88-443 in Section 604, (a) (3) provides that the Advisory Council shall include a representative of a non-government organization, or group, or state agency concerned with rehabilitation, or provide for consultation with groups, organizations or agencies so concerned.

MONTANA STATE BOARD OF HEALTH

The Montana State Board of Health was created by legislative action, signed into law March 15, 1901. Membership of the State Board of Health is detailed by law (Revised Codes of Montana, 1947, Title 69, Chapter 101):

> "There is hereby created 'The State Board of Health of the State of Montana' . . . . . which shall consist of seven (7) members, to be appointed by the governor, three (3) of whom shall have the degree of doctor of medicine, one (1) of whom shall have the degree of doctor of dental surgery, and three (3) of whom shall be lay persons, each of whom has demonstrated intelligent and active interest in the field of public health in Montana. For purposes of this act 'lay person' is hereby defined as any person who does not hold the degree of doctor of dental surgery or doctor of medicine."

R. J. Losleben, President
Malta, Montana

Paul H. Bowden, D.D.S.
Butte, Montana

George H. Gould, M.D.
Kalispell, Montana

R. D. Knapp, M.D.
Wolf Point, Montana

Mrs. O. H. Mann
Missoula, Montana

Mrs. Richard T. Ellis
Great Falls, Montana

S. C. Pratt, M.D.
Miles City, Montana

John S. Anderson, M. D.
Secretary & Executive Officer

DIVISION OF HOSPITAL FACILITIES

Robert J. Munzenrider, Director

AUTHORITY OF STATE AGENCY

The enactment by the Montana Legislature of Chapters 269 and 270 of the 1947 Session Laws enabled the State of Montana to comply with all the requirements of the original Hospital Survey and Construction Act. Chapter 270, the Montana Hospital Survey and Construction Act, established the Board of Health as the sole agency for the administration of the plan, authorized the inventory and survey of existing hospital facilities, and provided for an Advisory Council.

It was necessary to amend the original State enabling law to cover the expanded program as provided by the Medical Facilities Survey and Construction Act of 1954. This was accomplished by Senate Bill No. 67, signed by the Governor March 4, 1955, included as Chapter 215 of the 1955 Montana Session Laws.

Governor Tim Babcock designated the State Board of Health as the sole agency to implement the provisions of Public Law 88-164, cited as the "Mental Retardation Facilities and Community Mental Health Centers Construction Act of 1963." The enabling legislation was provided by Chapter 77 of the 1965 Montana Session Laws. This also provided for the "Hospital and Medical Facilities Amendments of 1964", Public Law 88-443. A copy of the amended Law is included in this Plan.

Chapter 269 of the 1947 Montana Session Laws provided for the licensing, inspection, and regulating of hospitals throughout the State. The Federal Act required that minimum standards for maintenance and operation be established for hospitals which receive Federal aid under the Act. The State Licensing Law, as passed, to comply with the Federal Act is intended to apply to all hospitals (except Federal) since minimum standards are equally desirable for all operating hospitals.

Chapter 78 of the 1965 Montana Session Laws amends the Licensing Law to include facilities for mental diseases and mental retardation. It also provides, in Section 69-2910, a hospital, medical and related facilities advisory council which shall consult and advise the board in matters of policy affecting administration of the Montana Hospital, Medical and Related Facility Survey and Construction Act and in the development of rules, regulations and standards provided under the Licensing Act, A copy of the amended Law is also included in this Plan.

CHAPTER 269, 1947 MONTANA SESSION LAWS

(Sections 69-2901, 69-2902, 69-2903, 69-2905, 69-2906, 69-2907, 69-2908, 69-2910, 69-2911, 69-2915, 69-2916 and 69-2917 taken from Chapter 29, Revised Codes of Montana, 1947 Annotated, amendments as shown in 1965 Cumulative Pocket Supplement

LICENSING AND SUPERVISION OF HOSPITALS AND RELATED FACILITIES

69-2901. Definitions. As used in this act:

(a) "Hospital" means a place devoted primarily to the maintenance and operation of facilities for the diagnosis, treatment or care for not less than twenty-four hours in any week of two or more nonrelated individuals suffering from illness, disease, injury, or deformity, or a place devoted primarily to providing for not less than twenty-four hours in any week of obstetrical or other medical or nursing care for two or more nonrelated individuals. The term hospital includes public health centers and medical facilities.

(b) "Related facility" includes a facility devoted to the diagnosis, treatment or care of individuals suffering from mental disease or mental retardation.

(c) "Person" means any individual, firm, partnership, corporation, company, association, or joint stock association, and the legal successor thereof.

(d) "Governmental unit" means the state, or any county, municipality, or other political subdivision or any department, division, board or other agency of any of the foregoing.

(e) "Licensing Agency" means the state board of health of the state of Montana.

History: En. Sec. 1, Ch. 269, L. 1947; amd. Sec. 1, Ch. 78, L. 1965.

Amendment

The 1965 amendment added "and medical facilities" at the end of paragraph (a); and inserted a new paragraph (b), redesignating the succeeding paragraphs.

69-2902. Purpose. The purpose of this act is to provide for the development, establishment and enforcement of standards (1) for the care of individuals in hospitals and related facilities and (2) for the construction, alteration, maintenance and operation of hospitals and related facilities, which in the light of advancing knowledge, will promote safe and adequate care of such individuals in hospitals and related facilities.

History: En. Sec. 2, Ch. 269, L. 1947: amd. Sec. 2, Ch. 78, L. 1965.

Amendment

The 1965 amendment inserted "and related facilities" after "hospitals" in three places; and inserted "alteration" in clause (2).

69-2903. Licensure. After July 1, 1947, no person or governmental unit, acting severally or jointly with any other person or governmental unit shall establish, conduct or maintain a hospital or related facility in this state without a license under this law.

History: En. Sec. 3, Ch. 269, L. 1947; amd. Sec. 3, Ch. 78, L. 1965.

Amendment

The 1965 amendment inserted "or related facility" after "hospital."

69-2905. Issuance and renewal of license. Upon receipt of an application for license and the license fee, the board shall issue a license if the applicant and hospital or related facilities meet the requirements established under this law. A license, unless sooner suspended or revoked, shall be renewable annually upon payment of a renewal fee of ten dollars ($10.00) and filing by the licensee, and approval by the board, of an annual report upon such uniform dates and containing such information in such form as the board prescribed by regulation. Each license shall be issued only for the premises and persons or governmental units named in the application and shall not be transferable or assignable except with the written approval of the board. Licenses shall be posted in a conspicuous place on licensed premises.

History: En. Sec. 5, Ch. 269, L. 1947; amd. Sec. 4, Ch. 78, L. 1965; amd. Sec. 15, Ch. 121, L. 1965.

Compiler's Note

This section was amended twice in 1965, once by Ch. 78 and once by Ch. 121. Neither amendatory act mentioned nor incorporated the changes made by the other. The two acts do not appear to conflict except that the requirement of a renewal fee may possibly not apply to "related facilities" as defined in section 69-2901. The compiler has therefore made a composite section incorporating the changes made by both amendatory acts.

Amendments

Chapter 78, Laws 1965, inserted "or related" after "hospital" in the first sentence.

Chapter 121, Laws 1965, substituted "upon payment of a renewal fee of ten dollars ($10.00) and" for "without charge upon" following "renewable annually" in the second sentence.

69-2906. Denial or revocation of license--hearing and review. The board after notice and opportunity for hearing to the applicant or licensee is authorized to deny, suspend or revoke a license in any case in which it finds that there has been a substantial failure to comply with the requirements established under this law.

69-2906 Contd.

Such notice shall be effected by registered mail, or by personal service setting forth the particular reasons for the proposed action and fixing a date not less than thirty days from the date of such mailing or service, at which the applicant or licensee shall be given an opportunity for a prompt and fair hearing. On the basis of any such hearing, or upon default of the applicant or licensee the board shall make a determination specifying its findings of fact and conclusions of law. A copy of such determination shall be sent by registered mail or served personally upon the applicant or licensee. The decision revoking, suspending or denying the license or application shall become final thirty days after it is so mailed or served, unless the applicant or licensee within such thirty day period, commences an action in the district court, pursuant to section 69-2914.

The procedure governing hearings authorized by this section shall be in accordance with rules promulgated by the board with the advice of the hospital, medical and related facilities advisory council. A full and complete record shall be kept of all proceedings, and all testimony shall be reported but need not be transcribed unless the decision is reviewed pursuant to section 69-2914. A copy or copies of the transcript may be obtained by any interested party on payment of the cost of preparing such copy or copies. Witnesses may be subpoenaed by either party.

History: En. Sec. 6, Ch. 269, L. 1947; amd. Sec. 5, Ch. 78, L. 1965.

Amendment

The 1965 amendment substituted "hospital, medical and related facilities advisory council" for "advisory hospital council" at the end of the first sentence in the third paragraph.

69-2907. Rules, regulations and enforcement. The board with the advice of the hospital, medical and related facilities advisory council, shall adopt, amend, promulgate and enforce such rules, regulations and standards with respect to all hospitals and related facilities to be licensed hereunder as may be designed to further the accomplishment of the purposes of this law in promoting safe and adequate care of individuals in hospitals and related facilities in the interest of public health, safety and welfare.

History: En. Sec. 7, Ch. 269, L. 1947; amd. Sec. 6, Ch. 78, L. 1965.

Amendment

The 1965 amendment deleted "and approval" after "advice" near the beginning of the section; substituted "hospital, medical and related facilities advisory council" for "advisory hospital council"; substituted "and related facilities" for "or different types of hospitals" before "to be licensed hereunder"; and inserted "and related facilities" arter "hospitals" near the end of the section.

69-2908. Effective date of regulations. Any hospital or related facility which is in operation at the time of promulgation of any applicable rules or regulations or minimum standards under this act shall be given a reasonable time, under the particular circumstances not to exceed one year from the date of such promulgation, within which to comply with such rules and regulations and minimum standards.

History: En. Sec. 8, Ch. 269, L. 1947; amd. Sec. 7, Ch. 78, L. 1965.

Amendment

The 1965 amendment inserted "or related facility" after "Any hospital" at the beginning of the section.

69-2910. Hospital, medical and related facilities advisory council. The governor shall appoint a hospital, medical and related facilities advisory council to advise and consult with the board in carrying out the administration of this act and of the Montana Hospital, Medical and Related Facility Survey and Construction Act. The council shall consist of the executive officer of the state board of health (in various acts designated as "secretary" of said board) who shall serve as chairman ex officio, the state director of the department of public welfare, ex officio, the director of public institutions, ex officio, and representatives of nongovernmental organizations or groups, and of public agencies, concerned with the operation, construction, or utilization of hospital, medical and related facilities and representatives of consumers familiar with the need for the services provided by such facilities, with the number of members as are or may be required on said council as a condition of eligibility for benefits for hospital, medical and related facilities under any federal law. Each member shall hold office for a term of one (1) to three (3) years, as designated in the appointment, except that any member appointed to fill a vacancy occurring prior to the expiration of the term for which his predecessor was appointed shall be appointed for the remainder of such term, and the terms of office of the members shall expire, as designated at the time of appointment. In designating the duration of appointments, the governor shall endeavor to avoid expiration of more than one-third of the total appointments in any twelve month period. Council members while serving on the business of the council shall be entitled to receive ten dollars ($10.00) per diem, and also, their actual and necessary travel and subsistence expenses while so serving away from their place of residence. The council shall meet as frequently as the chairman deems necessary, but not less than once each year. Upon request by one-third or more of the members, it shall be the duty of the chairman to call a meeting of the council.

History: En. Sec. 10, Ch. 269, L. 1947; amd. Sec. 8, Ch. 78, L. 1965.

69-2910 Contd.

Amendment

The 1965 amendment substituted "a hospital, medical and related facilities advisory council" in the first sentence for "an advisory hospital council"; added "and of the Montana Hospital, Medical and Related Facility Survey and Construction Act" at the end of the first sentence; substituted all of the language in the latter part of the second sentence, beginning with "the director of public institutions, ex officio" for "and the following hine (9) members, namely: three (3) individuals of recognized ability in the field of non-governmental hospital administration; three (3) individuals of recognized ability in the fields of medicine and surgery, nursing, welfare, public health, architecture, or allied professions in the field of health, and three (3) individuals with broad civic interests representing consumers of hospital services"; substituted "one (1) to three (3) years, as designated in the appointment" for "four (4) years" in the first part of the third sentence; deleted "three at the end of the second year, three at the end of the third year, three at the end of the fourth year, after the date of appointment" at the end of the third sentence; inserted a new fourth sentence; and substituted "one-third or more of the members" for "three (3) or more members" in the final sentence.

Repealing Clause

Section 9 of Ch. 78, Laws 1965 read "Section 69-2910.1, R. C. M. 1947, is repealed."

69-2911. Functions of hospital, medical and related facilities advisory council. The hospital, medical and related facilities advisory council shall consult and advise with the board in matters of policy affecting administration of the Montana Hospital, Medical and Related Facility Survey and Construction Act and of this act, and in the development of rules, regulations and standards provided for hereunder.

History: En. Sec. 11, Ch. 269, L. 1947; amd. Sec. 10, Ch. 78, L. 1965.

Amendment

The 1965 amendment substituted "The hospital, medical and related facilities advisory council" at the beginning of the section for "The advisory hospital council"; inserted the reference to the Hospital, Medical and Related Facility Survey and Construction Act; deleted a paragraph (b) reading, "To review and approve, before the same becomes effective, rules, regulations and standards authorized hereunder, prior to their promulgation by the board as specified herein"; and made minor changes in phraseology and format.

69-2915. Penalties. Any person establishing, conducting, managing, or operating any hospital or related facility without a license under this law shall be guilty of a misdemeanor, and upon conviction shall be fined not more than one hundred dollars ($100.00) for the first offense and not more than three hundred dollars ($300.00) for each subsequent offense, and each day of a continuing violation after conviction shall be considered a separate offense.

History: En. Sec. 15, Ch. 269, L. 1947; amd. Sec. 11, Ch. 78, L. 1965.

Amendment

The 1965 amendment inserted "or related facility" after "hospital."

69-2916. Injunction. Notwithstanding the existence or pursuit of any other remedy, the board, may in the manner provided by law upon the advice of the attorney general who shall represent the board in the proceedings maintain an action in the name of the state for injunction or other process against any person or governmental unit to restrain or prevent the establishment, conduct, management or operation of a hospital or related facility without a license under this law.

History: En. Sec. 16, Ch. 269, L. 1947; amd. Sec. 12, Ch. 78, L. 1965.

Amendment

The 1965 amendment inserted "or related facility" after "hospital" near the end of the section.

69-2917. Discrimination by hospitals or related facilities forbidden--interference with relation between physician and patient prohibited. (a) Notwithstanding any other provision of this act, no person, firm, co-partnership, association, corporation, public or private, and no religious, denominational or secular order, or organization, trustees or trust conducting or operating either directly or as lessee, or otherwise, a hospital or hospitals or related facility not maintained for private or corporate pecuniary profit, or operating or conducting a hospital or hospitals or related facility which are institutions of public charity, any of which hospitals or related facilities in any case are exempt, or cause themselves to become exempt, under applicable law from any state, county or municipal tax by reason of their nonprofit status or charitable nature or character, shall in any manner or by any device discriminate between the patients of any regularly licensed physician for or upon any ground or reason whatever, including the fact that any such physician is not a member of the medical or surgical, or other staff, clinic, or internal instrumentality of such hospital or related facility. All such hospitals and related facilities are hereby directed, required and compelled to admit, receive and care for the patients of any regularly licensed physician and surgeon, under the

69-2917 Contd.

same terms and conditions as may be established and promulgated by the governing authority, management or staff of said hospital or related facility for the patients of any other regularly licensed physician without discrimination, direct or indirect.

(b) Notwithstanding any other provision of this act, the free and confidential professional relation between licensed physician and patient shall continue and remain unaffected and unchanged, and be preserved as a privileged relationship; and licensed physicians shall continue to have direction over their patients in hospitals and related facilities.

(c) The licensing agency, advisory council, director and all others charged with the administration of this act shall have no authority, by rule, regulation, or administrative direction, or other device, to modify, alter, or abridge any of the provisions of this section, and the faithful observance of the provisions hereof shall be an express condition of all licenses issued or reissued hereunder.

(d) Nothing in this act or the rules and regulations adopted pursuant thereto shall be construed as authorizing the supervision, regulation, or control of the remedial care or treatment of residents or patients in any home or institution conducted for those who rely upon treatment by prayer or spiritual means in accordance with the creed or tenets of any well recognized church or religious denomination.

History: En. Sec. 17, Ch. 269, L. 1947; amd. Sec. 13, Ch. 78, L. 1965.

Amendment

The 1965 amendment inserted "or related facility" or "and related facilities" after "hospital" or "hospitals" in six places in subsection (a) and at the end of subsection (b).

Effective Date

Section 14 of Ch. 78, Laws 1965 provided the act should be in effect from and after its passage and approval. Approved February 26, 1965.

CHAPTER 270, 1947 MONTANA SESSION LAWS

(Sections 69-3001, 69-3002, 69-3003, 69-3004, 69-3007, 69-3008, 69-3009, 69-3010, 69-3012, 69-3013, 69-3014, 69-3015, 69-3016.1 taken from Chapter 30, Revised Codes of Montana, 1947 Annotated, amendments as shown in 1965 Cumulative Pocket Supplement.)

MONTANA HOSPITAL, MEDICAL AND RELATED FACILITY SURVEY AND CONSTRUCTION ACT

69-3001. Title. This act may be cited as the "Montana Hospital, Medical and Related Facility Survey and Construction Act."

History: En. Sec. 1, Ch. 270, L. 1947; amd. Sec. 1, Ch. 77, L. 1965.

Amendment

The 1965 amendment inserted "Medical and Related Facility" in the title.

69-3002. Definitions. As used in this act:

(a) "Board" means the state board of health of the state of Montana.

(b) "The Federal Acts" mean Title VI of the Public Health Service Act (42 U. S. C. 291 et seq.); Title VII of the Public Health Service Act (42 U. S. C. 2671 et seq.); as now and hereafter amended and federal acts hereafter enacted for the construction of medical or related facilities.

(c) "Administering federal agency" means the respective department, commission or officer designated by or under one of the federal acts to administer the programs provided by the respective acts.

(d) "Hospital" includes public health centers and general, tuberculosis, mental, chronic disease, and other types of hospitals, and related facilities, such as laboratories, out-patient departments, nurses' home and training facilities, and central service facilities operated in connection with hospitals, but does not include any hospital furnishing primarily domiciliary care.

(e) "Public Health Center" means a publicly owned facility for the provision of public health services, including related facilities such as laboratories, clinics, and administrative offices operated in connection with public health centers.

(f) "Nonprofit Hospital" and "Nonprofit Medical Facility" means any hospital or medical facility owned or operated by one or more nonprofit corporations or associations, no part of the net earnings of which inures, or may lawfully inure, to the benefit of any private shareholder or individual.

(g) "Director" means the principal administrative officer of the division of hospital survey and construction of the said state board of health of Montana as appointed by said board.

69-3002 Contd.

(h) "Medical Facilities" means diagnostic or diagnostic and treatment centers, rehabilitation facilities and facilities for long term care as those terms are defined in the federal acts, and such other medical facilities for which federal aid may be authorized.

(i) "Related facility" includes a facility devoted to the diagnosis, treatment or care of individuals afflicted with mental disease or mental retardation.

History: En. Sec. 2, Ch. 270, L. 1947; amd. Sec. 1, Ch. 215, L. 1955; amd. Sec. 2, Ch. 77, L. 1965.

Amendment

The 1965 amendment inserted in paragraph (b) the references to Title VII of the Public Health Service Act and to "federal acts hereafter enacted"; substituted a new paragraph (c) for a paragraph reading, " 'The Surgeon General' means surgeon general of the public health service of the United States"; substituted "facilities for long term care" in paragraph (h) for "nursing homes"; added paragraph (i); and made other minor changes.

69-3003. Administration--hospital, medical and related facility survey and construction. Except where another state agency is specifically designated by law, the state board of health of the state of Montana is hereby designated as the sole agency of the state of Montana to establish and administer any statewide plan for the construction, alteration, equipment, maintenance, or operation of any hospital, medical or related facilities for the provision of care, treatment, diagnosis, rehabilitation, training, or related services, which plan is now, or may hereafter be required as a condition to the eligibility for benefits under any federal law. The state board of health, in its discretion, is authorized to, for and on behalf of the state of Montana, enter into contracts and agreements with the United States or any officer, department or bureau thereof, relative to such statewide plans, and to do those things necessary or required to secure for the people of the state of Montana the benefit of such programs as will provide adequate medical and related facilities and services.

The board shall make an inventory of existing hospitals, medical and related facilities; survey the need for construction or alteration of hospitals, medical and related facilities; and develop and administer a state plan for the construction and alteration of public and other nonprofit hospitals, medical and related facilities.

History: En. Sec. 3, Ch. 270, L. 1947; amd. Sec. 2, Ch. 215, L. 1955, amd. Sec. 22, Ch. 264, L. 1955; amd. Sec. 3, Ch. 77, L. 1965.

Amendment

The 1965 amendment completely rewrote this section. For previous text, see parent volume.

69-3004. General powers and duties. In carrying out the purposes of this act, the board is authorized and directed:

(a) To require such reports, make such inspections and investigations and prescribe such regulations as it deems necessary;

(b) To provide such methods of administration, appoint a director and other personnel and take such other action as may be necessary to comply with the requirements of the federal acts and the regulations thereunder;

(c) To procure in its discretion the temporary or intermittent services of experts or consultants, or organizations thereof, by contract, when such services are to be performed on a part-time or fee-for-service basis and do not involve the performance of administrative duties;

(d) To the extent that it considers desirable to effectuate the purposes of this act, to enter into agreements for the utilization of the facilities and services of other departments, agencies, and institutions, public or private;

(e) To accept on behalf of the state and to deposit with the state treasurer any grant, gift or contribution made to assist in meeting the cost of carrying out the purposes of this act, and to expend the same for such purpose;

(f) To make an annual report to the governor on activities and expenditures pursuant to this act, including recommendations for such additional legislation as the board considers appropriate to furnish adequate hospital, medical and related facilities to the people of this state.

History: En. Sec. 4, Ch. 270, L. 1947; amd. Sec. 3, Ch. 215, L. 1955; amd. Sec. 23, Ch. 264, L. 1955; amd. Sec. 4, Ch. 77, L. 1965.

Amendment

The 1965 amendment inserted "and related" before "facilities" near the end of paragraph (f); and made other minor changes in the preliminary clause and in paragraph (b).

69-3007. Construction program. The construction program shall provide, in accordance with regulations prescribed under the federal acts, for adequate hospital facilities, medical and related facilities for the people residing in this state and in so far as possible shall provide for their distribution throughout the state in such manner as to make all types of hospital, medical and related facilities services reasonably accessible to all persons in the state.

History: En. Sec. 8, Ch. 270, L. 1947; amd. Sec. 5, Ch. 215, L. 1955; amd. Sec. 5, Ch. 77, L. 1965.

Amendment

The 1965 amendment inserted "and related" before "facilities" in two places; and made other minor changes.

69-3008. Application for federal funds for survey and planning--expenditure. The board is authorized to make application to the administering federal agency for federal funds to assist in carrying out the survey and planning activities herein provided. Such funds shall be deposited in the state treasury and shall be available to the board for expenditure for carrying out the purposes of this part. Any such funds received and not expended for such purposes shall be repaid to the treasury of the United States.

History: En. Sec. 9, Ch. 270, L. 1947; amd. Sec. 6, Ch. 77, L. 1965.

Amendment

The 1965 amendment substituted "the administering federal agency" for "the surgeon general" in the first sentence.

69-3009. State plans. The board shall prepare and submit to the administering federal agency state plans which shall include the hospital, medical and related facilities construction programs developed under this act and which shall provide for the establishment, administration, and operation of hospital, medical and related facilities construction activities in accordance with the requirements of the federal acts and regulations thereunder. The board shall, prior to the submission of such plans to the administering federal agency, give adequate publicity to a general description of all the provisions proposed to be included therein, and hold a public hearing at which all persons or organizations with a legitimate interest in such plans may be given an opportunity to express their views. After approval of a plan by the administering federal agency, the board shall publish a general description of the provisions thereof in newspapers having general circulation throughout the state, and shall make the plan, or a copy thereof, available upon request to all interested persons or organizations. The board shall from time to time review the hospital, medical and related facilities construction programs and submit to the administering federal agency any modifications thereof which it may find necessary and may submit to the administering federal agency such modifications of the state plans, not inconsistent with the requirements of the federal acts, as it may deem advisable.

History: En. Sec. 10, Ch. 270, L. 1947; amd. Sec. 6, Ch. 215, L. 1955; amd. Sec. 7, Ch. 77, L. 1965.

Amendment

The 1965 amendment substituted "the administering federal agency" for"the surgeon general" in five places; pluralized "state plan," "program," and "federal act" throughout the section; inserted "and related" before "facilities" in three places; deleted "in three (3) successive publications at intervals of one (1) week between publications" after "general description of the provisions thereof" in the third sentence; substituted "newspapers having general circulation throughout the state" in the third sentence for "at least one newspaper having general circulation in each county in the state, and in five (5) papers having a general circulation throughout the state"; and made other minor changes.

69-3010. Minimum standards for hospital, medical and related facilities maintenance and operation. The board shall by regulation, after consultation with the hospital, medical and related facilities advisory council, prescribe minimum standards for the maintenance and operation of hospitals, medical and related facilities which receive federal aid for construction under the state plan.

History: En. Sec. 11, Ch. 270, L. 1947; amd. Sec. 7, Ch. 215, L. 1955; amd. Sec. 8, Ch. 77, L. 1965.

Amendment

The 1965 amendment inserted "after consultation with the hospital, medical and related facilities advisory council"; inserted "and related" before "facilities" in the latter part of the section; and made another minor change.

69-3012. Construction projects--applications. Applications for hospital, medical and related facilities construction projects for which federal funds are requested shall be submitted to the board and may be submitted by the state or any political subdivision thereof or by any public or non-profit agency authorized to construct and operate a hospital or a medical or related facility. Each application for a construction project shall conform to federal and state requirements.

History: En. Sec. 13, Ch. 270, L. 1947; amd. Sec. 8, Ch. 215, L. 1955; amd. Sec. 9, Ch. 77, L. 1965.

Amendment

The 1965 amendment inserted "and related" before "facilities" and :or related" before "facility."

69-3013. Consideration and forwarding of applications. The board shall afford to every applicant for a construction project an opportunity for a fair hearing. If the board, after affording reasonable opportunity for development and presentation of applications in the order of relative need, finds that a project application complies with the requirements of section 69-3012 and is otherwise in conformity with the state plan, it shall approve such application and shall recommend and forward it to the administering federal agency.

History: En. Sec. 14, Ch. 270, L. 1947; amd. Sec. 10, Ch. 77, L. 1965.

Amendment

The 1965 amendment substituted "the administering federal agency" at the end of the section for "the surgeon general"; and made another minor change.

69-3014. Inspection of projects. From time to time the board shall inspect each construction or alteration project approved by the administering federal agency, and, if the inspection so warrants, the board shall certify to the administering federal agency that work has been performed upon the project, or purchases have been made, in accordance with the approved plans and specifications, and that payment of an installment of federal funds is due to the applicant.

History: En. Sec. 15, Ch. 270, L. 1947; amd. Sec. 11, Ch. 77, L. 1965.

Amendment

The 1965 amendment inserted "or alteration" before "project"; and substituted "the administering federal agency" for "the surgeon general" in two places.

69-3015. Hospital, medical and related facilities construction and alteration moneys. The board is hereby authorized to receive federal funds on behalf of, and transmit them to, such applicants. Money received from the federal government for a construction or alteration project approved by the administering federal agency shall be deposited in the state treasury and shall be used solely for payments due applicants for work performed, or purchases made, in carrying out approved projects. Claims for all payments shall, if approved by the board, bear the signature of the executive officer (secretary) of the board, or in his absence, the director.

History: En. Sec. 16, Ch. 270, L. 1947; amd. Sec. 9, Ch. 215, L. 1955; amd. Sec. 68, Ch. 147, L. 1963; amd. Sec. 12, Ch. 77, L. 1965.

Amendments

The 1963 amendment deleted a former second sentence reading, "There is hereby established, separate and apart from all public moneys and funds of this state, a hospital and medical facilities construction fund"; substituted "in the state treasury" in the present second sentence for "to the credit of this fund"; and deleted "from the hospital and medical facilities construction fund" which followed "payments" in the final sentence.

The 1965 amendment inserted "or alteration" before "project" in the second sentence; substituted "the administering federal agency" for "the surgeon general" in the second sentence; and made another minor change.

69-3016.1. Discrimination prohibited in subsidized facilities. No person shall be denied the use in a professional or other capacity, or be subjected to discrimination on the grounds of race, color or national origin, of any facility constructed in whole or in part under the provisions of this act.

History: En. Sec. 13, Ch. 77, L. 1965.

69-3016.1 Contd.

Title of Act

An act amending sections 69-3001, 69-3002, 69-3003, 69-3004, 69-3007, 69-3008, 69-3009, 69-3010, 69-3012, 69-3013, 69-3014, and 69-3015, as amended, R. C. M. 1947, relating to hospital survey and construction; providing for the development and administration of hospital, medical and related facility construction and alteration programs; providing for compliance with requirements of federal acts and regulations to secure assistance in such programs; designating and authorizing the state board of health as the agency of the state of Montana for the development and administration of such programs and empowered to contract with the federal government in furtherance thereof; repealing section 69-3006, R. C. M. 1947; and providing an effective date.

Repealing Clause

Section 14 of Ch. 77, Laws 1965 read "Section 69-3006, R. C. M., 1947, is repealed."

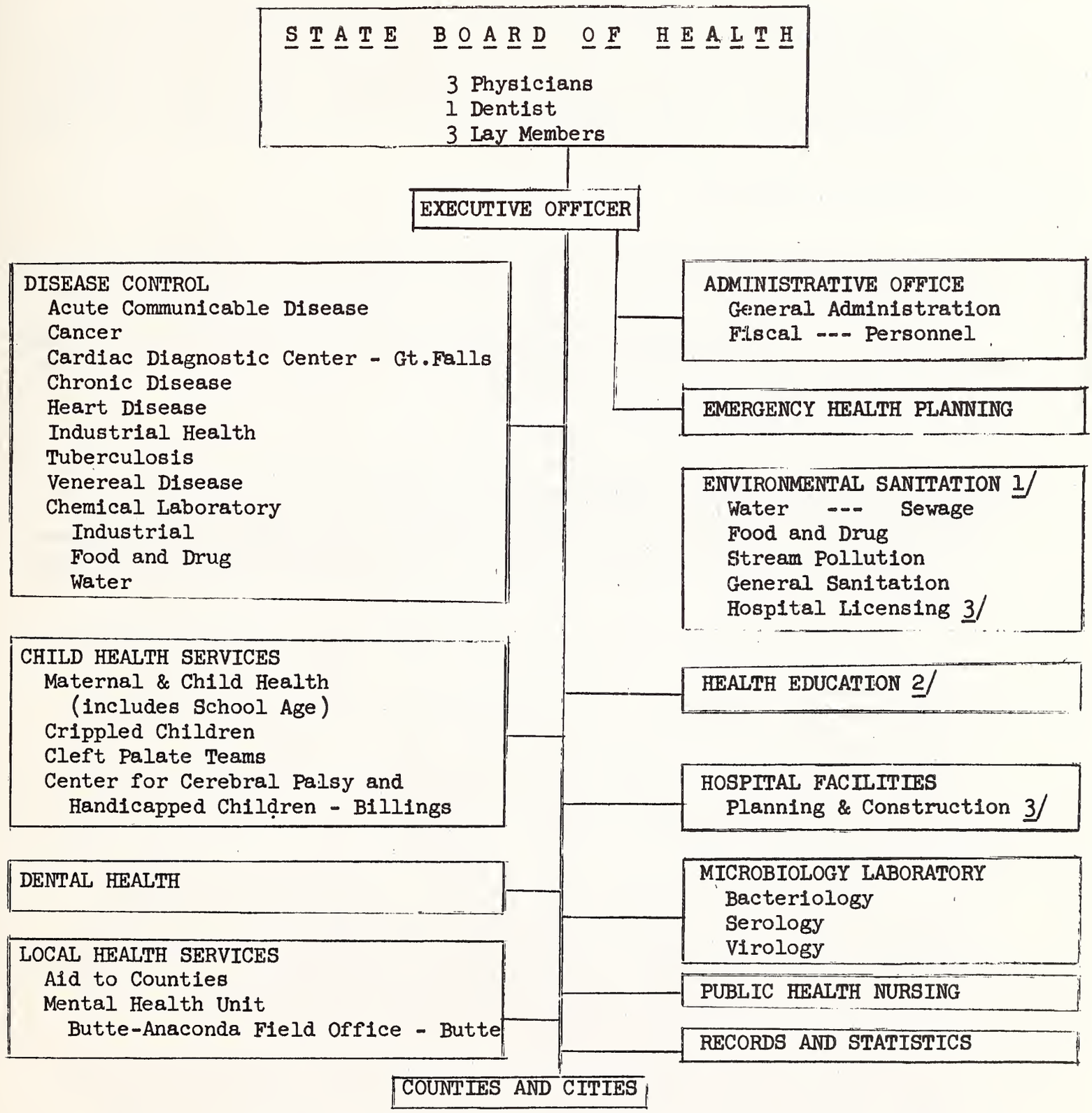
Effective Date

Section 15 of Ch. 77, Laws 1965 provided the act should be in effect from and after its passage and approval. Approved February 26, 1965.

MONTANA STATE BOARD OF HEALTH
Helena, Montana

July 9, 1964

ORGANIZATIONAL CHART
By Divisions and Major Functions



1/ Includes restaurants, motels, hotels, school construction, refrigerated lockers, food processing, sub-division, septic tank and cesspool disposal, etc.
2/ Includes alcohol and narcotic education.
3/ Includes nursing homes and homes for the aged.

EO-300

BASES FOR PLANNING

Ideology

The growing need for programs to serve the mentally retarded is stimulating increased demand for action. A sense of urgency accompanies the determination to have appropriate services and facilities available for all levels of retardation and all age groups and for a wider geographic coverage in a more balanced pattern of distribution. There is a need for effective, realistic and practical planning for the development of services and facilities for the mentally retarded.

Concepts in Planning

The prime objective of all programs for the mentally retarded is to provide opportunities for each individual to attain his fullest potential. In the planning of services and facilities, cognizance of this objective calls for the establishment of specific goals for each individual in each program, periodic reassessment of program objectives in terms of individual potentials, and a built-in flexibility within programs to permit quick and easy adaptation to changing requirements.

In light of the objective described above, planning should involve utilization of community services insofar as feasible and practical. The values accruing to the individual and his family make it desirable to encourage the inclusion of the retarded within the framework of community programs. The effectiveness of these programs will depend upon the degree of understanding of the special needs of the retarded and the consideration given to these special needs by personnel administering the program.

To the extent appropriate and practicable, services and facilities should be planned for availability within the community. This permits utilization of family and community resources, helps sustain family interest in the individual, and facilitates assimilation of the retarded into normal patterns of community life. Efficient planning for the retarded within this community orientation calls for correlation with other community planning activities in the areas of health, education, and welfare to assure full utilization of available resources and to avoid duplication wherever possible.

Those planning services and facilities for the mentally retarded must bear in mind that not all new services or expansions of existing services will require added facilities. Frequently, additional programs can be housed within facilities currently in operation. Efficient planning entails careful analysis of the potentials of existing facilities to provide adequate functional space for new programs to be developed.

A comprehensive attack on mental retardation should include preventive service as well as care and treatment services. Prevention is the most effective means of reducing the prevalence of mental retardation. A significant proportion of this handicapping condition results from conditions which are preventable with good medical care. It has been estimated

that full application and utilization of existing knowledge through action on a broad front to correct adverse community conditions, combined with specific preventive measures, would eliminate at least half of the new cases of mental retardation.

The planning of services and facilities for the mentally retarded calls for the recognition that mental retardation and mental illness are separate problems. Although the two problems are related in that they may on occasion occur in the same person and may involve some of the same kinds of professional skills in diagnosis and in the care of the individual involved, there are basic differences between them which necessitate the establishment of and adherence to different concepts and objectives in the planning process. Planning in both areas, however, should be correlated to the fullest extent possible to insure maximum use of available community resources.

Effective planning includes a realistic assessment of mental retardation needs and an analysis of needs in terms of services and facilities required. This assessment starts with an evaluation of the existing services and facilities available for the retarded, both specialized and general, in terms of their capacity and potentials. It includes the formulation of a specific plan containing recommendations for the development of needed additional services and facilities and the translation of these recommendations into action.

Stimulation of interest in the planning of services and facilities for the mentally retarded must come from the understanding, support, and leadership of professional groups involved in the field of mental retardation such as physicians, special education teachers, psychologists, social workers, and members of many other professions. These groups, in turn, must evoke the participation of leaders in commerce and industry, labor and other facets of community life.

Factors Affecting Planning

Planning of services and facilities for the mentally retarded is affected by a wide range of factors and conditions. Planning will be conditioned by the number of retardates residing within the planning area. The larger the number of retarded, the greater the prospective need for services and facilities. Hence, in areas of low income, cultural deprivation, and high density of population--considerable need for services and facilities may be anticipated.

The types of services and facilities required will be influenced by the numbers of individuals in the various levels of retardation--mild, moderate, severe, and profound--and in age classifications such as children (preschool and school age) and adults. The availability of existing services and facilities for these levels as well as the total numbers of the retarded served, must be known in order to determine the services and facilities required to adequately meet total needs.

The degree to which existing community services are available to the retarded will also have an impact on the planning of services and facilities. Most planning areas have some type of generic services and facilities open to

the mentally retarded. Efficient and realistic planning necessitate identifying these services and facilities and analyzing programs which they provide, in terms of the total needs of the retarded individuals in the area.

Finally, planning for the retarded is influenced by the range of specialized services and facilities currently available; the extent to which, when correlated with generic service, these complete the spectrum of needed programs; and the acceptance and support which they enjoy within the community or planning area. The planning of needed specialized services and facilities capable of maintaining quality programs requires public understanding and backing such as that accorded generic services.

Many barriers must be faced in planning services and facilities for the retarded, however. The availability of services and facilities does not necessarily imply adequate utilization; significant problems arise in bringing services and clientele together. Avoiding unnecessary service duplications and overlapping may also prove difficult. Futhermore, standards for programing have not been developed to insure adequate services for some levels of retardation or age groups. Techniques are not yet available for estimating potential caseloads and evaluating demographic, cultural, and economic changes.

Other problems have come to the forefront as the mental retardation horizon widens. Among these are the extent to which a given facility actually serves the needs of the area it is intended to serve, and its flexibility to meet a variety of changes. In addition, those planning for the development of services and facilities for the mentally retarded in required quantity face shortages of qualified personnel, problems of financial support, and the incomplete understanding and acceptance of mental retardation as a community problem.

Characteristics of the Mentally Retarded

From a medical point of view, "mental retardation" is not a disease entity. It is a syndrome which can be produced by many causative agents acting singly or in combination. Symptomatically, it is characterized by delayed or atypical developmental patterns accompanied by impairment of general adaptation. From an educational point of view, the mentally retarded child is characterized by subnormal intellectual function to an extent which prevents him from responding efficiently to the usual patterns of classroom instruction. From a social standpoint, the retarded child is slower in maturing and acquiring social and practical skills; as an adult, the retardate has less than the normally expected ability to manage his affairs and to progress in gainful employment.

The currently accepted definition of mental retardation by the American Association on Mental Deficiency is: "subaverage general intellectual functioning which originates during the developmental period and is associated with impairment in adaptive behavior." "Mental retardation" thus encompasses a wide range of deviance, from minimal to profound.

The distinction between normality and the mildest degree of mental retardation is arbitrarily defined. Mildly retarded persons are more comparable to those who are normal than they are to the most profoundly retarded.

Generally speaking, categories of services are established according to the practical level of functioning and age, rather than the cause of retardation. Nevertheless, etiology may have to be considered in the specifics of treatment or education for a particular individual. Practical distinctions must therefore be based on extent of impairment, taking account of the various factors which contribute to intellectual and social functioning. The manifestations of these levels of function change with age.

Scope of the Problem

As stated above, mental retardation is defined as impairment of ability to learn and to adapt to the demands of society. These demands are not the same in every culture. Even within our own society they vary with the age of the individual. Society as a whole does little to assess the intellectual or social accomplishments of the preschool child. During the school years, however, the individual is evaluated very critically in terms of social and academic accomplishment. In later life, the intellectual inadequacy again may be less evident if social performance meets minimal demands.

The variation by age is to some extent determined by differential survival rates and other demographic factors. The very high prevalence at ages 10 to 13 is due primarily to the increased recognition of intellectual handicap of children with the school systems, while the low number of infants from 0 to 1 year of age identified as retarded is in part attributable to the fact that their intellectual deficit is not yet apparent. Only gross impairment is evident in early childhood. Of striking significance is the fact that more than half of the individuals considered retarded during adolescence are no longer so identified in adulthood.

In view of these considerations, only gross estimates of the overall magnitude of the problem can be established. One such estimate may be derived through measures of intelligence. The numbers who are mentally retarded by this criterion can be calculated roughly on the basis of the experience with intelligence testing. Experience has shown that virtually all children with I.Q.'s below about 70 on most tests standardized nationally have significant difficulties in learning and in adapting adequately to their environment. About 3 percent of the school-age population score below this level.

CORRELATION TO OTHER PLANNING EFFORTS

Governor Tim Babcock, in May 1964, designated the Montana State Board of Health as the Mental Retardation Planning Agency for Montana. Mary E. Soules, M. D., M.P.H., Director of the Division of Disease Control, State Board of Health, was named director of this mental retardation planning program by John S. Anderson, M. D., M.P.H., Executive Officer of the State Board of Health, and Mrs. Maxine S. Homer, health education consultant, was named the coordinator. Dr. Anderson also named Robert J. Munzenrider, Director of Hospital Facilities, to be in charge of the construction phase of the program.

The Governor, in 1963, directed the state mental health authority to develope a comprehensive mental health plan for Montana, and the State Board of Health to administer the construction phase of the Federal Community Mental Health Centers Act.

The Executive Officer and various division directors of the State Board of Health have participated in a major degree in the formulations of the committees for mental health and mental retardation. Since the State Board of Health has been administering the Hill-Burton Program in Montana since 1947, there is a correlation between the three construction programs.

AREAS

Montana is the fourth largest state in size having a total area of 147,138 square miles. The total distance along the boundary is 1,943 miles. The length of Montana is about 550 miles, east to west, and its width about 325 miles, north to south.

For purposes of this Plan, the July 1, 1964 Provisional Estimate of Civilian Population of the U. S. Bureau of Census is being used. On this basis, Montana has a population of 695,000, which reflects a loss over the previous year.

Due to the sparce population, the State has been divided into one group of areas for Diagnosis and Evaluation and an entirely different group of areas for other facilities for the mentally retarded. These centers are to be located at Billings, Great Falls and Missoula, their being the largest cities in each area. This should, to some extent, relieve some of the problems posed in the recruitment of professional personnel to staff the centers, since staff would have access to the services and recreational opportunities that these larger cities can offer.

The three areas designated for these Diagnostic and Treatment Centers correspond with those set up for the Mental Health program, but do not correspond to the five regions set up under the Hill-Harris Hospital and Medical Facilities Construction Program. However, supporting facilities and services where required can be coordinated in the Hill-Harris Program planning.

It is believed that the numbers of retardates in the State of Montana will approximate the national averages, and therefore for the purposes of planning it will be assumed that 3% of the population fall into this category.

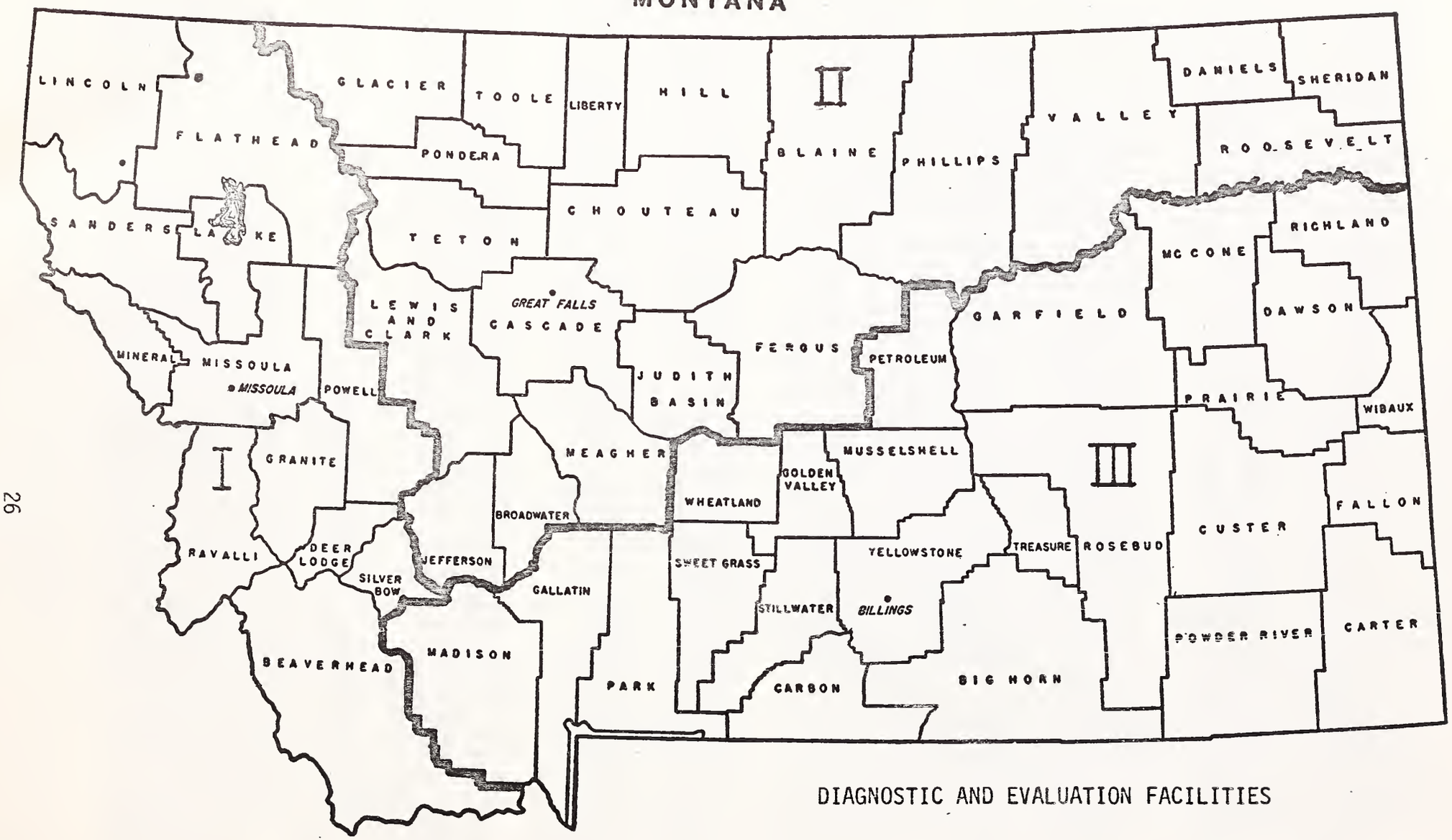
Area I is composed of twelve counties, which in general, are located west of the Continental Divide. The population of this area is approximately 211,800. Therefore, it is assumed that there are 6,354 retardates in this area.

This area is comprised of some of the most rugged terrain in the United States. The transportation routes run along the valleys parallel to the mountain ranges. Most of the transportation routes lead into Missoula, thus making it a logical location for a Diagnostic and Evaluation Center and one is proposed there.

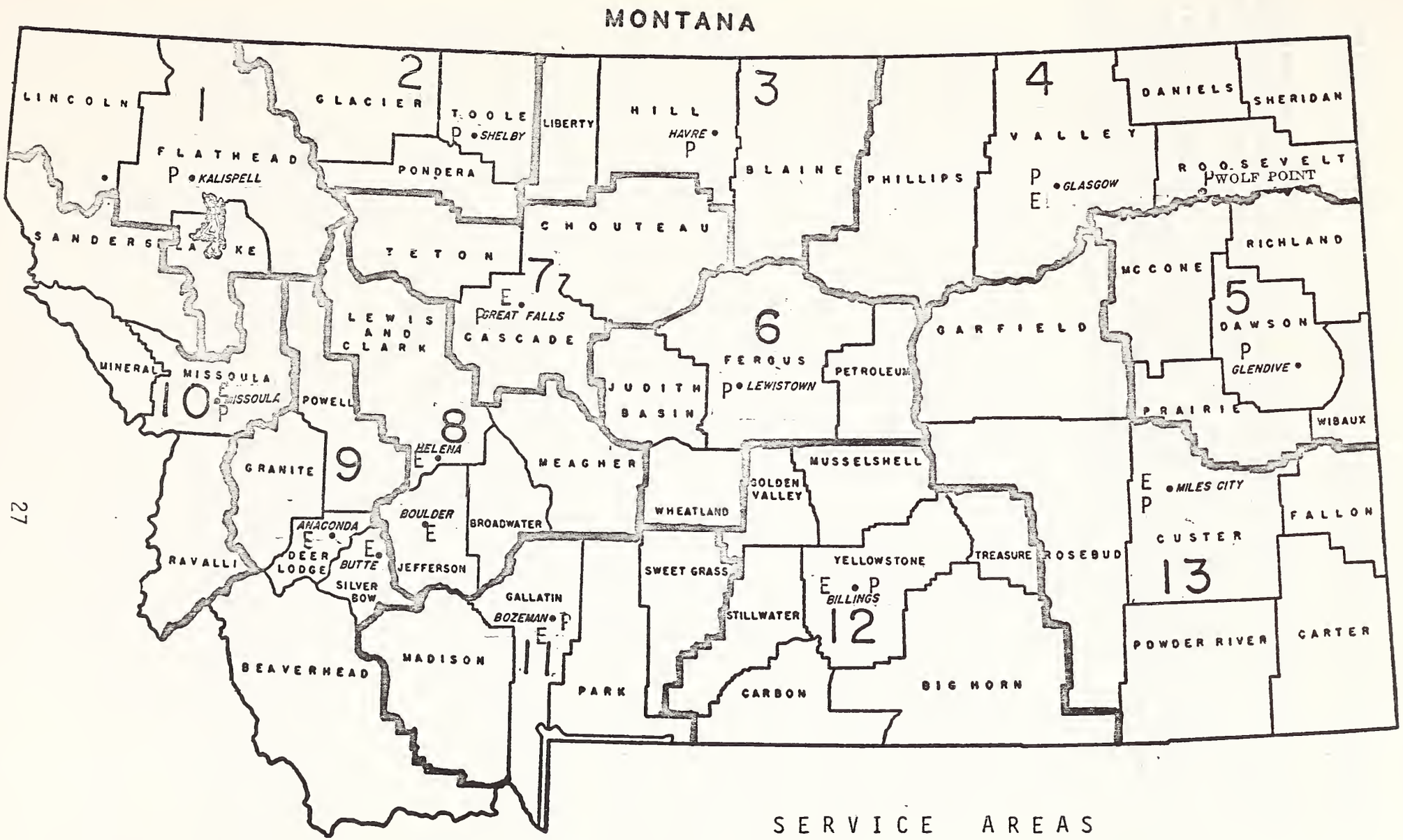
Area II consists of twenty counties having an estimated population of 259,200 with an assumed 7,776 retardates.

This area lies east of the Continental Divide, is relatively flat and the beginning of the Great Plains. Most of this area lies north and west of the Missouri River. Travel is mostly in east-west, or west-east direction, with travel to the south restricted by the Missouri River, there being only one main highway between Great Falls and Wolf Point that crosses the river. The main trade center in this area is Great Falls, which makes it a logical location for a Diagnostic and Evaluation Center which is proposed there.

MONTANA



DIAGNOSTIC AND EVALUATION FACILITIES



SERVICE AREAS

E - EXISTING
P - PROPOSED

Area III consists of twenty-four counties with an estimated population of 224,000 and an assumed 6,720 retardates.

This area comprises both mountainous and plains area with generally good transportation routes. Garfield, Powder River and Carter Counties are somewhat isolated. Billings is the main trade center in this area, serving South Central and Eastern Montana as well as Northern Wyoming, and is therefore considered as the logical location for a Diagnostic and Evaluation Center. However, planning for this center should take into account the Center for Cerebral Palsy and Handicapped Children presently located at the Eastern Montana College of Education. This Center has inadequate quarters for the children cared for and also approximately 40% of those with cerebral palsy are also mentally retarded.

SERVICES AND FACILITIES

The mentally retarded require an array of services that provide a "continuum of care" or "spectrum of opportunity" for all levels of retardation and for all age groups.

To achieve a continuum of care requires an overall program of direct services. All services shall be correlated to provide maximum efficiency and use of available financial and personnel resources to insure full coverage of needs of the retarded.

1. Diagnostic

Coordinated medical, psychological, and social services, supplemented where appropriate by nursing, educational, or vocational services and carried out under the supervision of personnel qualified to: (1) diagnose, appraise, and evaluate mental retardation and associated disabilities and the strengths, skills, abilities, and potentials for improvement of the individual; (2) determine the needs of the individual and his family; (3) develop recommendations for a specific plan of service to be provided with necessary counseling to carry out recommendations; and (4) where indicated, periodically reassess progress of the individual.

An adequate and thorough diagnosis and evaluation of all retarded persons is essential to the proper planning of individual programs to meet particular and specific needs. Both short-term and long-term planning for treatment, training, education, and personal care or supervision of the individual and counseling of his parents is dependent upon the quality of diagnosis and evaluation services provided for him. Hence, diagnostic and evaluation services are the keystone to the development of a complete array of services in any community or region.

Mental Retardation is frequently complicated by problems of associated physical disabilities, emotional disturbances, sensory defects, and the like. The existence of these correlative conditions emphasizes the need for comprehensive diagnosis and evaluation prior to the development, of individual programs for treatment, education, training, personal care services, or sheltered employment.

2. Treatment

Services under medical direction and supervision providing specialized medical, psychiatric, neurological, or surgical treatment, including, where appropriate, dental therapy, physical therapy, occupational therapy, speech and hearing therapy, or other related therapies which provide for improvement in effective physical, psychological, or social functioning of the individual.

The inclusion of the full range of specialized medical and related services contained in the definition above is predicated on the concept that the retarded will require the same basic medical care as the non-handicapped. The importance of developing and maintaining adequate treatment services for the retarded is also emphasized by the fact that significant portion of retardates have associated disabilities such as impaired hearing, difficulty in perceiving, impaired vision, poor muscular coordination, and physical deformities. Increased survival rates will probably increase the number of retarded persons with associated physical handicaps in the future.

3. Educational

Services, under the direction and supervision of teachers qualified in special education, which provide a curriculum of instruction for pre-school children, for school-age children or for the mentally retarded beyond school-age.

The basic functions of educational programs for children of pre-school age are to develop basic self-help skills such as dressing and grooming, develop preacademic skills, provide socialization and group training, and promote environmental enrichment for the culturally deprived to improve intellectual experience and motivation. Educational services for the retarded of school age encompass a curriculum of instruction for those unable to keep abreast of a normal public school program. The content of such a curriculum must relate to the capacities of the individuals whom it is to serve.

Many retardates are able to go from school to some type of employment without great difficulty. Others need postschool vocational training services for placement in the economic life of the community. A large number of these retardates have associated personal, social, and physical handicaps. These require specialized training under qualified personnel to develop the skills which will enable them to engage in competitive or sheltered employment.

Vocational training includes vocational evaluation, counseling, systematic planned instruction for sheltered or competitive employment, placement and followup services. All of these services are to be carried out under the supervision of personnel qualified to direct these services.

4. Training

Services which provide (1) training in self-help and motor skills, (2) training in activities of daily living, (3) training in useful occupational skills, (4) opportunities for personality development and social skills or (5) experiences conducive to social development, and which are carried out under the supervision of personnel qualified to direct these services.

This broad definition of training services also includes group activity services, as well as group home and halfway house services.

Group activity services are defined as: Coordinated programs of diversified activities providing opportunities for individual learning and participation including recreational activities.

Group home or halfway house services are defined as: Supervised housing arrangements which may include counseling and group activities for small groups of mentally retarded individuals capable of relatively independent living or for individuals needing opportunities to become oriented to community life.

Training services must be developed for a wide range of levels of retardation and for all age groupings. For example, training services for those in the lower levels of retardation should provide opportunities for the development of behavior patterns, self-care skills, social skills, health habits and attitudes, money management, and many others. Training may be provided on an individual or group basis. For instance, for the young retarded child home training programs are desirable to assist the mother in developing techniques and sequences of activity which contribute to self-help, motor development, and the like.

Training programs must be compatible with the present developmental levels, learning characteristics, and potentials for future development of the retardates involved. For the younger retarded person, training programs usually emphasize self-help, basic communication, and interpersonal skills. For the older or more capable individual, training programs will generally stress activities which provide opportunities to acquire skills enhancing participation in family, community, and economic life. Include programs for adults who have completed various types of educational programs available during the school-age years but who are too handicapped to be acceptable in a vocational training or sheltered workshop program.

5. Custodial

Services which provide personal care (including food, shelter, and clothing), and special nursing and medical care directed at the prevention of regression and the stimulation of maturation.

Personal care services involve much more than programs designed solely to furnish food, clothing, and shelter. These services should only be maintained where treatment, education, and/or training services are provided within the same facility in order to bring the individuals involved to a higher level of function.

6. Sheltered Workshop

Services involving a program of paid work which provides (1) work evaluation; (2) work adjustment training; (3) occupational training, and (4) transitional or extended employment and which is carried out under the supervision of personnel qualified to direct these activities.

Sheltered workshop services have two major aspects: transitional employment and extended employment. In transitional employment, the major

goal is eventual placement in community employment. Such a program gives considerable emphasis to training, evaluation, and placement programs as well as to actual employment activities. In the extended employment program, the emphasis is upon a broad range of work activities for those who cannot function satisfactorily in competitive employment.

There are certain advantages in providing the mentally retarded with sheltered workshop services in programs which include other handicapped individuals. For some of the mentally retarded, such programs can permit broader opportunities for socialization experiences and widen the range of job contracts that can be fulfilled. These benefits can be realized, however, only if the staff of the multipurpose workshop recognizes the special needs of the retarded, particularly the longer training time frequently required.

Facilities

1. Diagnostic and Evaluation

Any facility under this section must be sufficient in size to accommodate a staff which will be adequate and proper to accomplish coordinated medical, psychological, and social services, supplemented where appropriate by nursing, educational, or vocational services and carried out under the supervision of personnel qualified to: (1) diagnose, appraise, and evaluate mental retardation and associated disabilities and the strengths, skills, abilities, and potentials for improvement of the individual and his family; (2) determine the needs of the individual; (3) develop recommendations for a specific plan of services to be provided with necessary counseling to carry out recommendations; and (4) where indicated, periodically reassess progress of the individual.

Diagnostic and evaluation clinics may be operated as a part of or be associated with such facilities as a medical teaching center, a mental health facility, a general hospital, a residential or day facility for the mentally retarded, a public health center, or a State agency, or may be freestanding. Insofar as possible, diagnostic and evaluation clinics should be planned in proximity to general diagnostic services so as to avoid duplication and to assist in the recruitment of professional personnel. In many communities it is necessary to obtain diagnostic and evaluation services by utilizing the services of several different agencies or practitioners. To make effective use of such resources requires a high degree of cooperation among the agencies involved.

2. Day Facility

Any facility under this section must be sufficient in size to accommodate treatment rooms, rooms for education, training, custodial or workshop services on less than a 24 hour basis.

Day facilities provide many benefits to the retarded person, his family, and his community. Significant among them are: participation in supervised programs formally developed to meet individual needs, and maintenance of a

controlled environment in which appropriate habit formation is a basic goal. These facilities also provide a wider range and type of experience than can be developed within the family. At the same time, the values of continuing participation in family life are retained. By using day facilities, parents are afforded some relief from the 24-hour task of care and, through participation in parent-counseling programs offered by such facilities, can obtain a better understanding of the problems of the retarded. Thus, day facilities make it possible to keep the retarded at home and in the community.

3. Residential Facility

Any facility under this section shall be sufficient in size to accommodate those individuals who by reason of necessity must remain on the premises on a 24-hour-a-day basis for the purpose of treatment, education, training, or personal care.

Residential facilities have a long history of providing services for the mentally retarded. In the process of their development, they have changed from being largely custodial institutions to facilities maintaining broad-gaged programs. These programs include services for the severely retarded and totally dependent as well as services for the retarded who cannot be maintained in the home or community because of emotional or behavior problems. Residential facilities also meet the needs of the communities unable to financially support the services required by the retarded or in which placement in generic services or facilities such as foster homes is impractical or inadequate.

4. Group Home Facility

Any facility under this section shall be sufficient to accommodate housing, personal counseling services, and group activity services for individuals capable of personal self care.

The major function of group home facilities is to provide opportunities for as much independence of living as can be maintained within a program framework which unobtrusively provides or makes available the services needed to sustain independence. These facilities may be satisfactorily developed as homes for the adult retarded, young or old, living and working in the community. They may also be developed as halfway houses for the retarded in transition from residential to community life. These facilities may be established as freestanding institutions, independently owned or operated. Or they may be administratively associated with a residential facility, a day facility providing comprehensive services, or a State agency having administrative responsibility for programs for the mentally retarded.

None of these facilities should be established if for any reason they would duplicate an already existing, suitable facility designated for these very same purposes.

INSTRUCTIONS for completing Form PHS-4774-1, Inventory – General Data,
Mental Retardation Facilities Construction Program

1. Enter name or number of service area.

From State File Information, Form A, obtain the following data:

2. Enter the city or town, county, and name of facility, listing all facilities in each city or town consecutively in alphabetical order.

3. Check one: A – diagnostic/evaluation clinic; B-day facility; C-residential facility.

4-5. Enter type of ownership of property and sponsorship of programs within facility, using the following codes:

	NONPROFIT		PUBLIC		PROPRIETARY
01	Community nonprofit association	11	City	21	Individual
02	Church	12	County	22	Partnership
03	Fraternal order	13	State	23	Corporation
04	Other nonprofit	14	Other public	24	Other proprietary

6. Enter interest program sponsor has in property, using the following codes:

A – own; B – rent or lease; C – free use.

From State File Information, Form B, obtain the following data:

7. Enter number of buildings in facility by design classification in the following coded columns:

A – originally designed as a facility for the mentally retarded.
B – remodeled into a facility for the mentally retarded.
C – not designed or remodeled as a facility for the mentally retarded.

8. For the originally designed buildings (Item 7A), enter in column 8 a, the number Suitable; and in column 8 b, the number Unsuitable on the basis of established criteria for structural adequacy.

From State File Information, Form C, Item 3 obtain the following data:

9. Enter total number of different mentally retarded individuals served by the facility.

10. a, b, c, and d. Enter the number mentally retarded individuals served by level of retardation.

11. a, b, and c. Enter the number mentally retarded individuals served for each specified age group.

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STATE PLAN
MENTAL RETARDATION FACILITIES CONSTRUCTION PROGRAM

FORM APPROVED:
BUDGET BUREAU NO. 68-R878

DATE	STATE
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INVENTORY – GENERAL DATA

AREA	LOCATION: CITY OR TOWN	LOCATION: COUNTY	NAME OF FACILITY	PROGRAMS OFFERED IN FACILITIES: DIAGNOSTIC AND EVALUATION CLINIC (A)	PROGRAMS OFFERED IN FACILITIES: DAY FACILITY (B)	PROGRAMS OFFERED IN FACILITIES: RESIDENTIAL FACILITY (C)	OWNERSHIP OR CONTROL OF PROPERTY	SPONSORSHIP OF PROGRAM	SPONSOR'S INTEREST IN PROPERTY	NUMBER OF BUILDINGS CLASSIFIED BY M.R. DESIGN: A	B	C	NUMBER OF BUILDINGS SHOWING STRUCTURAL SUITABILITY: S	U	NUMBER MENTALLY RETARDED SERVED IN ALL PROGRAMS OFFERED BY THE FACILITY: TOTAL	LEVEL OF RETARDATION: MILD	MODERATE	SEVERE	PROFOUND	AGE GROUPING: PRE-SCHOOL	SCHOOL AGE	ADULT
1	2a	2b	2c	3a	3b	3c	4	5	6	7a	7b	7c	8a	8b	9	10a	10b	10c	10d	11a	11b	11c
1	None																					
2	None																					
3	None																					
4	Glasgow	Valley	Opportunity Room		X		02	04	C			1		1	8		8					
5	None																					
6	None																					
7	None																					
8	Helena	L. & C.	Half-way house			X	21	13	C			1		1	4	4						4
	Boulder	Jefferson	State Trng. School and Hospital	X		X	13	13	A	12					928	264	334	165	165	9	473	446
9	Warm Spgs	Deer Ldg.	Montana State Hosp.	X		X	13	13	A						258	30	71	68		22	62	174
	Galen	Deer Ldg.	Pulmonary Diseas.Hosp			X	13	13	A			2		2	92	11	42	38		23	36	16
	Butte	Silver B.	Nursery School		X		02	04	C			1		1	7	5	.2			7		
	Butte	Silver B.	Sheltered Workshop		X		21	04	B			1		1	9							
10	Missoula	Missoula	Opportunity School		X		12	04	C			1		1	22	10	9	3			16	6
11	Bozeman	Gallatin	GARC Training Class		X		02	04	C			1		1	4		4				4	

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STATE PLAN
MENTAL RETARDATION FACILITIES CONSTRUCTION PROGRAM

FORM APPROVED:
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DATE	STATE
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INVENTORY – GENERAL DATA

AREA	LOCATION: CITY OR TOWN	LOCATION: COUNTY	NAME OF FACILITY	PROGRAMS OFFERED IN FACILITIES: DIAGNOSTIC AND EVALUATION CLINIC (A)	PROGRAMS OFFERED IN FACILITIES: DAY FACILITY (B)	PROGRAMS OFFERED IN FACILITIES: RESIDENTIAL FACILITY (C)	OWNERSHIP OR CONTROL OF PROPERTY	SPONSORSHIP OF PROGRAM	SPONSOR'S INTEREST IN PROPERTY	NUMBER OF BUILDINGS CLASSIFIED BY M.R. DESIGN: A	B	C	NUMBER OF BUILDINGS SHOWING STRUCTURAL SUITABILITY: S	U	NUMBER MENTALLY RETARDED SERVED IN ALL PROGRAMS OFFERED BY THE FACILITY: TOTAL	LEVEL OF RETARDATION: MILD	MODERATE	SEVERE	PROFOUND	AGE GROUPING: PRE-SCHOOL	SCHOOL AGE	ADULT
1	2a	2b	2c	3a	3b	3c	4	5	6	7a	7b	7c	8a	8b	9	10a	10b	10c	10d	11a	11b	11c
12	Billings	Yellow.	Children's Village		X		02	04	C			1		1	6	3	3			6		
	Billings	Yellow.	CP Center	X			13	13	C			1		1								
13	Miles City	Custer	Custer Co. Day School		X		12	12	C			1		1	4		4				4	

INSTRUCTIONS for completing Form PHS-4774-2, Inventory – Services Data,
Mental Retardation Facilities Construction Program

Enter name or number of service area.

From State File Information, Form A, enter the city or town, county, and name of facility listing all facilities in each city or town consecutively in alphabetical order.

From State File Information, Form C, obtain the following data:

Enter caseload for diagnostic and evaluation clinic program.

In column 4a, enter the total number of persons served in the day facility program. (See Item 4(b) of Form C).

For columns 4 b through 4 f, enter the caseload for each of the specified services, as shown on Form C, Items 4 b-1 through 4 b-5.

In column 5a, enter the total number of persons served in the residential facility program. (See Item 4(c) of Form C).

For columns 5 b through 5 f, enter the caseload for each of the specified services, as shown on Form C, Items 4 c-1 through 4 c-5.

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STATE PLAN
MENTAL RETARDATION FACILITIES CONSTRUCTION PROGRAM

FORM APPROVED:
BUDGET BUREAU NO. 68-R678

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INVENTORY – SERVICES DATA

AREA	LOCATION		NAME OF FACILITY	NUMBER OF MENTALLY RETARDED SERVED IN SPECIFIED PROGRAMS AND SERVICES												
				D & E CLINIC	SERVICES IN DAY FACILITY PROGRAMS						SERVICES IN RESIDENTIAL FACILITY PROGRAMS					
	CITY OR TOWN	COUNTY		DIAGNOSTIC & EVALUATION SERVICES	TOTAL	TREATMENT	EDUCATION	TRAINING	CUSTODIAL CARE	SHELTERED WORKSHOP	TOTAL	TREATMENT	EDUCATION	TRAINING	CUSTODIAL CARE	SHELTERED WORKSHOP
1	2a	2b	2c	3	4a	4b	4c	4d	4e	4f	5a	5b	5c	5d	5e	5f
1	None															
2	None															
3	None															
4	Glasgow	Valley	Opportunity Room		8			8								
5	None															
6	None															
7	None															
8	Helena	L. & C.	Halfway-House								4					
	Boulder	Jefferson	St. Trng. School and Hospital								928					
9	Warm Spgs.	Deer Lodge	Montana St. Hosp.								258				258	
	Galen	Deer Lodge	Pulmonary								92			92		
	Butte	Silver Bow	Nursery School		7			7								
	Butte	Silver Bow	Sheltered Workshop		9					9						
10	Missoula	Missoula	Opportunity School		22		8	14								
11	Bozeman	Gallatin	GARC Training Class		4			4								
12	Billings	Yellowstone	Children's Village		6		6									
	Billings	Yellowstone	CP Center													
13	Miles City	Custer	Custer Co. Day Schoo		4		4									

INSTRUCTIONS for completing Form 4774-3, Summary and Programing Data Report,
Mental Retardation Facilities Construction Program

GENERAL: For each city or town recorded on Form PHS-4774-1, a summarization of existing facilities and services should be entered in the appropriate columns. Similarly, information should be recorded by city or town, for additional facilities and services programed within a four year period. Thus the data will be grouped so as to reveal the total mental retardation construction program within a particular city or town.

SPECIFICALLY:

1. Enter name or number of area.

2. Enter the name of the county in column 2 a, and the city or town in column 2 b, for each of the existing and programed facilities.

3. Enter "E" for existing and "P" for programed facilities. For every entry of "E" or "P", there should be corresponding totals in columns 4 through 9.

4. Enter total number of "E" and "P" facilities in a particular city or town.

5. Check appropriate columns for both existing and programed facilities. (See Form PHS-4774-1). Type of Program codes are as follows:

   A-diagnostic/evaluation clinic; B-day facility; C-residential facility.

6. Check appropriate columns (6a-f) for both existing and programed services. For existing services, refer to Form PHS-4774-2, and for programed services, use definitions contained in Sec. 54.101 of Regulations.

7. Check appropriate columns (7a-d) for both existing and programed services. For existing services, see Form PHS-4774-1.

8. Check appropriate columns (8a-c) for both existing and programed services. For existing services, see Form PHS-4774-1.

9. For "E" in column 3, record total number of mentally retarded individuals served, as shown on Form PHS-4774-1, column 9.

   For "P" in column 3, enter the total number of additional mentally retarded individuals for whom additional services are programed.

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STATE PLAN
MENTAL RETARDATION FACILITIES CONSTRUCTION PROGRAM

FORM APPROVED:
BUDGET BUREAU NO. 68-R878

DATE: Oct. 5, 1965 | STATE: Montana

SUMMARY AND PROGRAMING DATA REPORT

AREA	COUNTY	CITY OR TOWN	EXISTING OR PROGRAMED	NUMBER OF FACILITIES	PROGRAMS OFFERED (Check "X")			SERVICES OFFERED (Check "X")						LEVEL OF RETARDATION SERVED (Check "X")				AGE GROUPING SERVED (Check "X")			TOTAL NUMBER OF MENTALLY RETARDED SERVED
					A	B	C	DIAGNOSTIC & EVALUATION	TREATMENT	EDUCATION	TRAINING	CUSTODIAL CARE	SHELTERED WORKSHOP	MILD	MODERATE	SEVERE	PROFOUND	PRE-SCHOOL	SCHOOL AGE	ADULT	
1	2a	2b	3	4	5a	5b	5c	6a	6b	6c	6d	6e	6f	7a	7b	7c	7d	8a	8b	8c	9
1	Lincoln Flathead Lake	Kalispell	P	1		X			X	X	X			X	X	X		X	X	X	80
2	Glacier Toole Pondera	Shelby	P	1		X			X	X	X			X	X	X		X	X	X	50
3	Liberty Hill Blaine	Havre	P	1		X			X	X	X			X	X	X		X	X	X	60
4	Phillips		E	1		X					X				X						8
	Valley Daniels Sheridan	Glasgow	P	1		X			X	X	X			X	X	X		X	X	X	40
	Roosebelt	Wolf Point	P	1		X			X	X	X			X	X	X		X	X	X	40
5	McCone Richland Dawson Wibaux Prairie	Glendive	P	1		X			X	X	X			X	X	X		X	X	X	40
6	Judith Basin Fergus Petroleum Wheatland	Lewistown	P	1		X			X	X	X			X	X	X		X	X	X	60

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STATE PLAN
MENTAL RETARDATION FACILITIES CONSTRUCTION PROGRAM

FORM APPROVED:
BUDGET BUREAU NO. 68-R878

DATE	STATE
Oct.5,1965	Montana

SUMMARY AND PROGRAMING DATA REPORT

AREA	COUNTY	CITY OR TOWN	EXISTING OR PROGRAMED	NUMBER OF FACILITIES	PROGRAMS OFFERED (Check "X")			SERVICES OFFERED (Check "X")						LEVEL OF RETARDATION SERVED (Check "X")				AGE GROUPING SERVED (Check "X")			TOTAL NUMBER OF MENTALLY RETARDED SERVED
					A	B	C	DIAGNOSTIC & EVALUATION	TREATMENT	EDUCATION	TRAINING	CUSTODIAL CARE	SHELTERED WORKSHOP	MILD	MODERATE	SEVERE	PROFOUND	PRE-SCHOOL	SCHOOL AGE	ADULT	
1	2a	2b	3	4	5a	5b	5c	6a	6b	6c	6d	6e	6f	7a	7b	7c	7d	8a	8b	8c	9
7	Cascade Teton Chouteau	Great Falls	P	1	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	200
8	Lewis & Clark	Helena	E	1		X								X							4
	Jefferson Broadwater Meagher	Boulder	E	1	X	X	X	X	X	X	X	X		X	X	X	X	X	X	X	928
9	Powell Granite Deer Lodge	Warm Springs																			
	Deer Lodge	Galen	E	2	X		X	X	X	X	X	X		X	X	X	X	X	X	X	350
	Silver Bow	Butte	P	1		X			X	X	X	X		X	X	X		X	X	X	60
	Silver Bow Beaverhead	Butte	E	2		X					X		X	X	X			X	X		16
10	Sanders Mineral																				
	Missoula	Missoula	E	1		X				X	X			X	X	X		X		X	22
	Ravalli		P	1	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	120
11	Madison																				
	Gallatin	Bozeman	E	1		X					X				X				X		4
	Park		P	1		X			X	X	X			X	X	X		X	X	X	60

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STATE PLAN
MENTAL RETARDATION FACILITIES CONSTRUCTION PROGRAM

FORM APPROVED:
BUDGET BUREAU NO. 68-R878

DATE	STATE
Oct.5,1965	Montana

SUMMARY AND PROGRAMING DATA REPORT

AREA	COUNTY	CITY OR TOWN	EXISTING OR PROGRAMED	NUMBER OF FACILITIES	PROGRAMS OFFERED (Check "X")			SERVICES OFFERED (Check "X")						LEVEL OF RETARDATION SERVED (Check "X")				AGE GROUPING SERVED (Check "X")			TOTAL NUMBER OF MENTALLY RETARDED SERVED
					A	B	C	DIAGNOSTIC & EVALUATION	TREATMENT	EDUCATION	TRAINING	CUSTODIAL CARE	SHELTERED WORKSHOP	MILD	MODERATE	SEVERE	PROFOUND	PRE-SCHOOL	SCHOOL AGE	ADULT	
1	2a	2b	3	4	5a	5b	5c	6a	6b	6c	6d	6e	6f	7a	7b	7c	7d	8a	8b	8c	9
12	Golden Valley Musselshell Yellowstone	Billings	E	2		X				X	X			X	X			X	X		
			P	1	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	220
	Treasure Stillwater Carbon Big Horn																				
13	Rosebud Custer	Miles City	E	1		X				X					X				X		4
			P	1		X			X	X	X			X	X	X		X	X	X	50
	Fallon Powder River Carter Garfield																				

PRIORITIES

The Public Health Service Regulations as authorized in Public Law 88-164, Title I, Part C, in Section 54.105 provide that the priority of projects be determined on the basis of relative need for facilities in the area to be served by the project taking into consideration existing facilities and services. Projects within each area shall be considered in order of importance as follows:

(a) Facilities which alone or in conjunction with other existing facilities provide comprehensive services for a particular community or communities.

(b) Facilities which alone or in conjunction with other existing facilities provide multiple but less than comprehensive services for a particular community or communities.

(c) Facilities which provide a single service for a particular community or communities.

When a facility is proposed in any of the areas in which a Diagnostic and Evaluation Center is proposed, it will be mandatory that the Diagnostic and Evaluation Center be a part of the construction project.

I. DIAGNOSTIC AND EVALUATION CENTERS

Area	Population	Retardates 3% of Population	Index
I	211,800	6,354	3
II	259,200	7,776	1
III	224,000	6,720	2
	695,000	20,850	

II. OTHER MENTAL RETARDATION FACILITIES

Area	Population	Retardates 3% of Population	Index
1	61,100	1,833	5
2	28,100	843	12
3	29,800	894	11
4	50,800	1,524	6
5	30,400	912	10
6	21,400	642	13
7	94,000	2,820	2
8	38,900	1,167	8
9	81,500	2,445	3
10	69,200	2,076	4
11	48,000	1,440	7
12	111,000	3,330	1
13	30,800	924	9
	695,000	20,850	

Assurances of Nondiscrimination

The State Board of Health will obtain assurance from each applicant that all portions and services of the entire facility for the construction of which or in connection with which, and under the Federal Act is sought will be made available without discrimination on account of race, creed, or color; and that no professionally qualified person will be discriminated against on account of race, creed, or color with respect to the privilege of professional practice in the facility.

METHODS OF ADMINISTRATION

Preparation and Publication of the State Plan.

1. The cut-off date for statistics for the bases of the State Plan preparation and modification shall be April 1 of each calendar year.

2. The State Plan shall be developed in consultation with other State Agencies concerned with Education, Employment, Welfare and Rehabilitation.

3. The State Plan will be written, reviewed by the Hospital, Medical and Related Facilities Advisory Council and approved by the State Board of Health. A general description of the provisions included in the Plan will be published and a reasonable notice of a public hearing will be given, at which interested persons or organizations will be given an opportunity to be heard. The public hearing will be scheduled in conjunction with the Advisory Council meeting. The State Plan will be available for public examination for a period of at least 30 days.

4. The State Board of Health shall take steps to insure publication of a general description of the State Plan in newspapers of general circulation throughout the State.

5. The State Plan shall be submitted to the Surgeon General for review and approval prior to July 1 of each calendar year.

6. After approval of the State Plan by the Surgeon General, it shall be made available to those who would desire a copy.

Criteria for Allocation of Funds

Criteria which will govern the allocation of funds available under P. L. 88-164 are as follows:

1. The applicant must show by narrative program that the proposed facility will comprehend the full gamut of services required under section 54.104 of Part 54, PHS Regulations for Grants for Construction of Facilities for the mentally retarded.

   (a) This shall be interpreted to mean that, provided the master plan has been developed, the construction of the facility may be accomplished in phases. The first phase of construction, in all cases, shall be the facility to accommodate diagnostic and treatment services, unless of course, a local, existing, suitable facility is available. The second phase of construction shall be that necessary to accommodate the service or services of greatest need as determined by diagnosis and evaluation. And so, the construction phases shall proceed until the master plan is realized.

2. The applicant shall demonstrate that any facilities planned under this Program are not in any way a duplication of already existing suitable facilities. At the same time, the applicant must show that arrangements have been accorded with the existing, suitable facilities before action can be taken on an application.

3. The applicant must show an intent to begin construction within a reasonable length of time.

4. The applicant must demonstrate financial ability to meet the costs of construction, maintenance and sustained operation of the proposed facility.

5. The applicant must show that adequate and proper professional personnel, in the respective services, will be available to staff the proposed facility.

6. A second application for the same type of facility in the same area would not be approvable for purposes of this State Plan.

7. A formal application must be completed by each sponsor on the prescribed PHS forms.

Project Construction Schedule

After approval of the Montana Mental Retardation Facilities Plan by the Surgeon General, the State Board of Health will develop a project construction schedule which will list the projects, if any, on which construction can be commenced within the time limitations of the fiscal year funds which have been allocated.

Standards of Operation

The "Standards for Operation of Day Care Centers" of the Montana State Board of Health shall apply to day facilities for the mentally retarded. The State Board of Health has not yet developed standards for maintenance and operation of other facilities for the mentally retarded. However, until such time as these additional standards are promulgated, the following applicable standards shall apply:

1. Standards for State Residential Institutions for the' Mentally Retarded
   American Association of Mental Deficiency
   P. O. Box 96
   Willimantic, Connecticut

2. Standards for Sheltered Workshops
National Association of Sheltered Workshops and Home Bound Programs, Incorporated
1522 K Street N. W.
Room 430
Washington, D. C.

3. Diagnostic and Evaluation Clinics - Standards for Hospitals and Clinics
American Psychiatric Association
1700 18th Street N. W.
Washington, D. C.

Standards of Construction and Equipment

1. The general standards of construction and equipment shall be not less than the minimum standards of the authority in which the facility is proposed or the standards prescribed by the Surgeon General and as set forth in Sec. 54.119 (Appendix A - General Standards of Construction and Equipment) of Part 54, or as it may be amended or revised in the future, whichever is the higher.

2. Equipment means those items which are necessary for the functioning of the facility, and which are considered as depreciable and as having a life of not less than five years. Not included are the items of current operating expense such as food, fuel, drugs, paper, printing forms and soap.

Inspection of Projects

1. When a request for payment of an installment is made, the State Board of Health will cause to be made an inspection of the project to determine that services have been rendered, work has been performed, and purchases have been made as claimed by the applicant and in accordance with the approved project application.

2. The State Board of Health will make such additional inspections as are deemed necessary.

3. Reports of each inspection will be retained in the files of the State Board of Health.

4. Files will be maintained on all correspondence incident to inspections of a project.

Construction Payments

1. Requests for construction payments shall be submitted by applicants to the State Board of Health at the times prescribed by section 54.115 of Part 54, PHS Regulations for Grants for Construction of Facilities for the mentally retarded.

2. Federal funds shall be paid to the State Treasurer, State of Montana.

3. The State Board of Health will initiate payment of Federal funds, through its Fiscal Office, to applicants for approved construction projects.

Maintenance of Personnel Standards of State Agency

This State Plan will be administered in accordance with the Merit System requirements as set forth in the Public Health Service Regulations, and Health Grants Manual, Part 14.1. A copy of the Montana Merit System Regulations is on file with the Public Health Service.

Maintenance of Fiscal and Accounting Records

1. The State Board of Health will comply with the provisions of the PHS regulations by maintaining the necessary accounting records and controls.

2. The State Board of Health will require all applicants for Federal funds to maintain adequate fiscal records and controls.

3. The State Board of Health agrees that it will retain on file, for at least a period of one year beyond its participation in the program, all documents coming into its possession which relate to any expenditure under P. L. 88-164, Title I, Part C.

4. The State Board of Health will take such measures as are necessary to assure that applicants retain all relevant and supporting documents for a period of at least two years after the final payment of Federal funds.

Fair Hearings

Upon petition, the State Board of Health will provide an opportunity for a fair hearing before the State Board of Health to every applicant who has requested Federal aid for construction of any of the facilities included in the Act, and who is dissatisfied with any action of the State Board of Health regarding the application.

Actions of the State Board of Health which entitle applicants to a hearing include the following:

1) Denial of opportunity to make formal application.
2) Refusal to consider an application.
3) Rejection or disapproval of an application.

Appeals from decisions or actions of the State Board of Health must be made by the appellant, in writing, within thirty days of the date of the adverse decision by the State Board of Health.

The appellant will be notified, in writing, of the time and place of the hearing which will be determined by the State Board of Health and be reasonably convenient for the appellant.

The appellant is entitled to be represented by friends or counsel if he so desires. The appellant and other persons interested and concerned with the State Board of Health's decision are entitled to present pertinent evidence in the way desired, subject to reasonable procedures of admissibility and methods of presentation.

The decision of the State Board of Health will be made, in writing, within thirty days from the date of the hearing and will be based on the evidence presented at the hearing.

A record of the hearing will be made, and upon request of the appellant, will be made available for examination.

Statement of Federal Share

The Federal Share of the Cost of each construction project for the mentally retarded approved under P. L. 88-164, Title I, Part C for the fiscal years ending June 30, 1965 and June 30, 1966 shall be 55%.

Flexibility of Allotments

The provisions of sec. 54-102 (c) (1) and (2), Part 54, Regulations for Grants for the Construction of Facilities for the mentally retarded, are made a part of this plan.

Transfer of State Allotment

1. The provisions of sec. 54-102 (b) of Part 54, Regulations for Grants for Construction of Facilities for the mentally retarded, are made a part of this Plan.

Conflict of Interest

No full time officer or employee of the State Board of Health, or any firm, organization, corporation, or partnership which such officer or employee owns, controls, or directs, shall receive funds from the applicant, directly or indirectly, in payment for services provided in connection with the planning, design, construction, or equipping of any project under this Plan.

Nondiscrimination Procedures

No Person or Persons will be denied admission to any facility constructed under this Plan because of race, creed, color, or national origin. Further, no professionally qualified person or persons will be denied staff privileges because of race, creed, color or national origin, nor will employees of the facility be discriminated against for these same reasons.

Access to Records

The Comptroller General and the Secretary of Health, Education and Welfare, or their respective duly authorized representatives, shall have access to all records, as required, for purposes of audit or examination.

Assurances to Those Unable to Pay

Before a construction application for a facility for the mentally retarded is recommended by the State Board of Health for approval, the State Agency shall obtain assurance from the applicant that the facility will furnish below cost or without charge a reasonable volume of services to persons unable to pay therefore.

APPENDIX*

NUMBER OF SCHOOL-AGE EDUCABLE AND TRAINABLE
MENTALLY RETARDED IN MONTANA COUNTIES

Counties	School-age Mentally Retarded Reported by Survey			School-age Mentally Retarded Served in Special Classes			Approximate Number School-age Mentally Retarded not in Special Classes needing School Services		
	Age Groups			Age Groups			Age Groups		
	6-10	11-15	16-20	6-10	11-15	16-20	6-10	11-15	16-20
Beaverhead								4	4
EMR	0	4	4					4	4
TMR	2	0	0				2		
Big Horn									
EMR	2	26	3				2	26	3
TMR	6	1	4				6	1	4
Blaine									
EMR	4	5	8	0	8	0	4		8
TMR	3	4	1				3	4	1
Broadwater									
EMR	4	4	0				4	4	
TMR	0	1	0					1	
Carbon									
EMR	4	7	1				4	7	1
TMR	1	0	0				1		
Carter									
EMR	2	1	0				2	1	
TMR	0	2	0					2	
Cascade									
EMR	72	82	35	26	34	9	46	48	26
TMR	17	18	5				17	18	5
Chouteau									
EMR	10	34	10				10	34	10
TMR	0	0	0						
Custer									
EMR	18	15	12	9	7	4	9	8	8
TMR	7	1	1				7	1	1
Daniels									
EMR	0	3	3					3	3
TMR	1	0	2				1		2
Dawson									
EMR	12	15	10	4	10	3	8	5	2
TMR	1	0	1				1		1

APPENDIX Continued

	Age Groups			Age Groups			Age Groups		
	6-10	11-15	16-20	6-10	11-15	16-20	6-10	11-15	16-20
Deer Lodge									
EMR	9	18	8	12	15	0		3	8
TMR	4	3	3				4	3	3
Fallon									
EMR	1	0	1				1		1
TMR	0	0	0						
Fergus									
EMR	10	15	10	3	5	1	7	9	9
TMR	3	0	2				3		2
Flathead									
EMR	23	16	6	12	19	1	11		5
TMR	2	6	2				2	6	2
Gallatin									
EMR	27	34	6	15	10	4	12	24	2
TMR	2	2	3				2	2	3
Garfield									
EMR	1	1	0				1	1	
TMR	0	0	1						1
Glacier									
EMR	13	18	5				13	18	5
TMR	11	4	1				11	4	1
Golden Valley									
EMR	1	0	2				1		2
TMR	0	0	0						
Granite									
EMR	5	4	0				5	4	
TMR	2	0	0				2		
Hill									
EMR	34	43	20	12	8	3	22	35	17
TMR	6	6	4				6	6	4
Jefferson									
EMR	6	4	0				6	4	
TMR	0	0	0						
Judith Basin									
EMR	0	3	1					3	1
TMR	0	0	0						
Lake									
EMR	23	10	5	8	8	0	15	2	5
TMR	1	2	0				1	2	
Lewis & Clark									
EMR	27	33	18	26	21	5	1	12	13
TMR	1	0	3				1		3
Liberty									
EMR	0	2	1					2	1
TMR	2	1	0				2	1	
Lincoln									
EMR	16	30	32	12	7	1	4	23	31
TMR	1	0	3				1		3

APPENDIX Continued

	Age Groups			Age Groups			Age Groups		
	6-10	11-15	16-20	6-10	11-15	16-20	6-10	11-15	16-20
Madison									
EMR	2	0	2				2		2
TMR	1	0	1				1		1
McCone									
EMR	4	3	1				4	3	1
TMR	1	0	0				1		
Meagher									
EMR	3	3	3				3	3	3
TMR	0	0	0						
Mineral									
EMR	0	6	3					6	3
TMR	1	0	0				1		
Missoula									
EMR	20	23	11	16	25	6	4	2	4
TMR	4	2	4				4	2	4
Musselshell									
EMR	1	0	1				1		1
TMR	1	0	2				1		2
Park									
EMR	9	27	11	0	10	0	9	17	11
TMR	2	2	1				2	2	1
Petroleum									
EMR	1	1	1				1	1	1
TMR	0	0	0						
Phillips									
EMR	5	11	5				5	11	5
TMR	4	3	5				4	3	5
Pondera									
EMR	11	21	6				11	21	6
TMR	0	3	0					3	
Powder River									
EMR	0	1	0					1	
TMR	0	0	0						
Powell									
EMR	16	16	1				16	16	1
TMR	3	1	0				3	1	
Prairie									
EMR	0	0	1						1
TMR	0	0	1						1
Ravalli									
EMR	8	16	3	3	7	0	5	9	3
TMR	0	0	1						1
Richland									
EMR	2	14	7	2	7	1		7	6
TMR	3	0	4				3		4
Roosevelt									
EMR	23	27	9	9	11	0	14	16	9
TMR	4	0	0				4		

	Age Groups			Age Groups			Age Groups		
	6-10	11-15	16-20	6-10	11-15	16-20	6-10	11-15	16-20
Rosebud									
EMR	12	14	10				12	14	10
TMR	0	0	2						2
Sanders									
EMR	16	6	2	5	2	0	11	4	2
TMR	1	0	0				1		
Sheridan									
EMR	6	2	5				6	2	5
TMR	0	0	1						1
Silver Bow									
EMR	40	37	36	16	26	14	24	11	22
TMR	18	10	6	12	4	5	6	6	1
Stillwater									
EMR	1	2	2				1	2	2
TMR	1	1	1				1	1	1
Sweet Grass									
EMR	0	0	0						
TMR	0	0	0						
Teton									
EMR	7	6	5				7	6	5
TMR	2	2	0				2	2	
Toole									
EMR	11	8	1	1	5	0	10	3	1
TMR	1	4	0				1	4	
Treasure									
EMR	1	0	0				1		
TMR	0	1	0					1	
Valley									
EMR	24	19	5	6	12	3	18	7	2
TMR	4	3	1				4	3	1
Wheatland									
EMR	3	3	6				3	3	6
TMR	0	0	0						
Wibaux									
EMR	2	6	4				2	6	4
TMR	0	0	0						
Yellowstone									
EMR	70	64	49	46	39	21	24	25	28
TMR	12	11	5	20	9	4			
TOTAL									
EMR	622	759	391	243	297	76	377	455	314
TMR	136	94	71	32	13	9	104	81	62
State Training School									
EMR 130 in school									
TMR 144 in school									

*The above Table was taken from the Education, Rehabilitation and Employment Subcommittee Report.